

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A CLIP
Attorney Docket Number::	4505-1037
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: MURRAY
Middle Name:: DOUGLAS
Family Name:: JONES
Name Suffix::
City of Residence:: MASTERTON
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 6 NURSERY ROAD
Address::
City of Mailing Address:: MASTERTON
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: MARK
Middle Name:: ANDREW
Family Name:: JONES
Name Suffix::
City of Residence:: DANNEVIRKE
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 38 BURNS STREET
Address::
City of Mailing Address:: DANNEVIRKE

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2003/000175	8/8/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	520531	8/9/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::